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## Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10694	
Facility Name:	St. Berna	rdine Medical Center
Address:	2101 Nor	th Waterman Avenue
City:	San Bern	ardino
Hospital Owner/Lic	ensee:	St Bernardine Medical Center
Year of Rep	oorting:	2010
Contact 1 e-mail Ac	ddress:	
Contact 2 e-mail Ac	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Robert S Omens
Submission	n Date:	1/25/2011 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	<b>Building Name</b>	Alternate Building Address	Building Resolution	Final SPC Rating If Required	g Extension Date	Anticipated Completion Date
04	Central Tower	2101 North Waterman Avenue	Retrofit	SPC2	01/01/2015	01/01/2013
07	Ancillary Building	2101 North Waterman Avenue	Retrofit	SPC2	01/01/2015	01/01/2013

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

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Building No: 04	Central Tower	Retrofit/Ro	eplacement	Yes-Planned	
Facility Project Sub Number Number Num	Scope	• •	oj. Start Proj. Comple Date Date		EQA eview_
10694 IL082842 0		12/23/2008	04/06/2012 01/02/201	14 OPEN I	No
Building No: 07	Ancillary Building	Retrofit/Ro Project:	eplacement	Yes-Planned	
Building No: 07  Facility Project Sub Number Number Num	Ancillary Building Scope	Project:  Date Plan Approved Pro	eplacement oj. Start Proj. Comple Date Date	eted Status Cl	EQA eview

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# Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: Main Hospital					
Type of Service Prov	Type of Service Provided						
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration Support	Renal Dialysis  Outpatient			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services  Obstetrical	Surgery			
		Total Beds this Building	Cesarean/Deliv	Central Plant			

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: South Wing					
Type of Service Prov	Type of Service Provided						
X Nursing	Inpatient Beds	85 Inpatient 0 Days	Surgical	Obstetrical Recovery			
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby			
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
X Psychiatric Nursing	Inpatient Beds	36 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy			
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  Obstetrical	Outpatient Surgery			
		Total Beds this Building	Cesarean/Deliv	Central Plant			

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04	Buildi	ng Name: Central Tower		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	105 Inpatient 16024 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	27 Inpatient Days 5189	Anesthesia	X Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	20 Inpatient Days 998	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	32 Inpatient Days 3343	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 06	Buildi	ng Name: Service Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services  Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	X Central Plant

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## Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 07	Buildi	ing Name: Ancillary Building		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Building Number:	01 B	Building Name: Main	Hospital		
Medical / Surgical (	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse l	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	02	Building Name: Sou	uth Wing		
Medical / Surgical	(Include GYN)	Acute Respirator	y Care	Acute Psychiatric	
Inpatient 85 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 36 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	121	0

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Building Number:	04	Building Name: Cent	tral Tower		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 105 Bed	Inpatient 1602 Days 4	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 32 Bed	Inpatient 3343 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 20 Bed	Inpatient 998 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 27 Bed	Inpatient 5189 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	184	184

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Building Number:	06	Building Name:	ervice Building		
Medical / Surgical	(Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care N Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number: 07	Building Name: Ar	ncillary Building		
Medical / Surgical (Include GYN)	Acute Respirato	ory Care	Acute Psychiatric	
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN	l) Burn		Skilled Nursing	
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Care N Nursery	lewborn	Intermediate Card	
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care	Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital	
02	South Wing	
03	Emergency Building	
04	Central Tower	$\overline{\sqcap}$
05	North Tower	П
06	Service Building	П
07	Ancillary Building	

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For the building or buildings to be removed from acute care service, provide the following: The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A) The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B) The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C) **Building Number:** Main Hospital 01/01/2015 **l**01 Removal Date: Planned Uses for the building to be removed from acute care service: **OSHPD** Planned use for building: Clinic Jurisdiction: Inpatient services currently delivered in the building: Rehabilitation Obstetrical Therapy Cesarean/Deliv Surgical Nursing IntensiveCare Anesthesia Obstetrical Renal Dialysis Clinical Lab Pediatric/Adol Recovery escent Radiological/ **Psychiatric** Outpatient Newborn/ **Imaging** Nursing Surgery WellBaby Obstetrical Pharmaceutical Ante/Postprtum Central Plant Emergency Intermediate Dietetic Care Support Nuclear Skilled Nursing Administration Medicine Services

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For the building or buildings to be removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per Section 130061 (c)(2)(A)

The planned uses of the building or buildings to be removed from acute care service per Section 130061(c)(2)(B)

The inpatient service currently delivered in the building or buildings per Section 130061(c)(20(C)

Building I	Number: 02	South Wir	ng			Removal Date:		01/01/2015		
Planned Uses for the building to be removed from acute care service:										
Planned	Planned use for building: Clinic Jurisdiction: OSHPD									
<u>Inpatient</u>	services currently del	ivered in th	e building:		Obstatist			Delet 1996 Co.		
X	Nursing		Surgical		Obstetrical Cesarean/Deliv		Ш	Rehabilitation Therapy		
	IntensiveCare		Anesthesia				_			
	Pediatric/Adol escent		Clinical Lab		Obstetrical Recovery		Ш	Renal Dialysis		
X	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby			Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		·			Central Plant		
	Intermediate Care		Dietetic	Ш	Emergency			Ochilai Fialit		
	Skilled Nursing		Administration		Nuclear Medicine			Support Services		

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Building Number:	01 Buildin	g Name: M	ain Hospital			
Type of Service	e Provided					
			Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing		Anesthesia			
	IntensiveCare				Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab			Outpatient
	escent		Radiological/ Imaging	Ш	Newborn/ WellBaby	Surgery
	Psychiatric Nursing		Pharmaceutical		Emergency	Central Plant
	Obstetrical Ante/Postprtum				Nuclear	Support
	Ante/r Ostpitum		Dietetic		Medicine	Services
	Intermediate Care					
	Gaio		Administration			
	Skilled Nursing					

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Building Number:	02	Building Name:	South Wing			
Type of Service	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing		Anesthesia			
	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	,   [	Clinical Lab			Outpatient
	escent		Radiological/ Imaging	Newborn/ WellBaby		Surgery
X	Psychiatric Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical					_
	Ante/Postprtu	m [	Dietetic	Nuclear Medicine	Ш	Support Services
	Intermediate		_			
	Care		Administration			
	Skilled Nursin	g				

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Building Number:	04	Building Name:	Central Tower		
Type of Service	e Provided				
			Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	Nursing		Anesthesia		
X	IntensiveCare	,	_ / wicowicosa	Obstetrical Recovery	Renal Dialysis
X	Pediatric/Adol	,   [	Clinical Lab		Outpatient
			Radiological/ Imaging	X Newborn/ WellBaby	Surgery
Ш	Psychiatric Nursing		Pharmaceutical	Emergency	Central Plant
X	Obstetrical Ante/Postprtu	m	_	Nuclear	Support
			Dietetic	Medicine	Services
	Intermediate Care	  x	7 Administration		
			Administration		
	Skilled Nursin	g <b>l</b>			

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Building Number:	06	Building Name:	Servic	e Building				
Type of Service	e Provided							
			Su	rgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	Nursing	lr	] <sub>An</sub>	esthesia				
	IntensiveCare	,	_ /\!	cstresia	Obstetrical Recovery		Renal Dialysis	
	Pediatric/Adol	,   L	Cli	nical Lab			Outpatient	
	escent			ndiological/ aging	Newborn/ WellBaby		Surgery	
	Psychiatric Nursing		_	armaceutical	Emergency	X	Central Plant	
	Obstetrical Ante/Postprtu	ım			Nuclear		Support	
	,e, . co.price		Die	etetic	 Medicine		Services	
	Intermediate Care		Ad	lministration				
П	Skilled Nursin	ıg						

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Building Number:	07	Building Name:	Ancillary Building			
Type of Servic	e Provided					
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	Nursing	 	Anesthesia			
	IntensiveCare			Obstetrical Recovery		Renal Dialysis
	Pediatric/Ado	.	Clinical Lab	_		Outpatient
	escent	Σ	Radiological/	Newborn/ WellBaby	;	Surgery
	Psychiatric Nursing		Imaging			0
	01		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtu	m [	Dietetic	X Nuclear Medicine	X	Support Services
	Intermediate Care		Administration			
	Skilled Nursin	g	Administration			

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Building Number:	01	Building Na	me: Main Hospital		
Configuration:	Remove from GAC	Service by	1/1/2013		
Type of Service	e Provided				
N	ursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	tensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	ediatric/Adol scent		Clinical Lab	Recovery	
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical	Emergency	Central Plant
☐ In	termediate		Dietetic	Linergency	Ochtiai Flant
C	are			Nuclear Medicine	Support Services
SI	killed Nursing		Administration		

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Building Numbe	er: 02	Building Na	me: South Wing		
Configuration:	Remove from GAC	service by	1/1/2013		
Type of Serv	/ice Provided				
X	Nursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Recovery	
X	Psychiatric Nursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	Emergency	Central Plant
	Intermediate		Dietetic		
	Care Skilled Nursing		Administration	Nuclear Medicine	Support Services

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Building Number:	03	Building Nar	me: Emergency Bu	uilding			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	tensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol cent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	X	Emergency	П	Central Plant
	termediate are		Dietetic				0
	killed Nursing		Administration		Nuclear Medicine		Support Services

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Building Number	r: 04	Building Na	me: Central Tower			
Configuration .	Remove from GAC	Service by	1/1/2030			
Type of Serv	ice Provided					
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic		Line.geney	Commun Turk
	Care Skilled Nursing	X	Administration		Nuclear Medicine	Support Services

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Building Numbe	r: 05	Building Na	me: North Tower				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service Provided							
X	Nursing		Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1/ 1	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate	X	Dietetic	Ш	Linergency		Ochitai i lant
	Care		Administration		Nuclear Medicine		Support Services
	Skilled Nursing						

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Building Number:	06	Building Nar	me: Service Buildi	ng			
Configuration :	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1 -	ostetrical te/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ermediate		Dietetic	_	Lineigency		Contrar Frant
— Ca	illed Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 07	Building Na	me: Ancillary Building	g				
Configuration:	Remove from GAC	Service by	1/1/2030					
Type of Service Provided								
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare	X	Anesthesia	П	Obstetrical		Renal Dialysis	
	Pediatric/Adol escent	X	Clinical Lab		Recovery	_		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant	
	Intermediate		Dietetic		- '			
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services	

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 03									
Type of Service Provided									
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0		Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	X Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Ц	Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi									
Тур	Type of Service Provided								
X	Nursing	Inpatient Beds	104		Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
X	IntensiveCare	Inpatient Beds	40		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	X Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	Inpatient Beds	14		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		158						

Report Status: **Data Last Update:** 01/14/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	3 Build	ing Name: Eme	rgency Building			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn	rn Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	5 Build	ing Name: Nortl	h Tower			
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 104 Bed	Inpatient 17636 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 14 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 20 Bed	Inpatient 2848 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop	ment	
Inpatient 20 Bed	Inpatient 3914 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	158	144	